

Name
in
Full

Thomas Clarence Berry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Male	Color or Race	Age	
Occupation	Where Residing If not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Clifford Berry			
Mother's Maiden Name	Annie Montgomery			
Name of person giving Information	Clifford Berry			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Arth. Eusthitis	(104)	How long
Immediate			2 dyp.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Harry Kelley
Accruk Ind.

Address

Accident or Suicide?



Name
in
Full

Bertie Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	Near Waldorf			County	Charles		
Date of death	1906	Month	Apr	Day	4	Years	—
Sex	Female		Color or Race	C		Birth-place	Chas Co
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed	Single		Name of Wife or Husband	—			
Father's Name	Frank Brown			Father's Birthplace	Chas Co		
Mother's Maiden Name	Susan Moore			Mother's Birthplace	" "		
Name of person giving information	Frank Brown			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

(93)

How long

Several days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

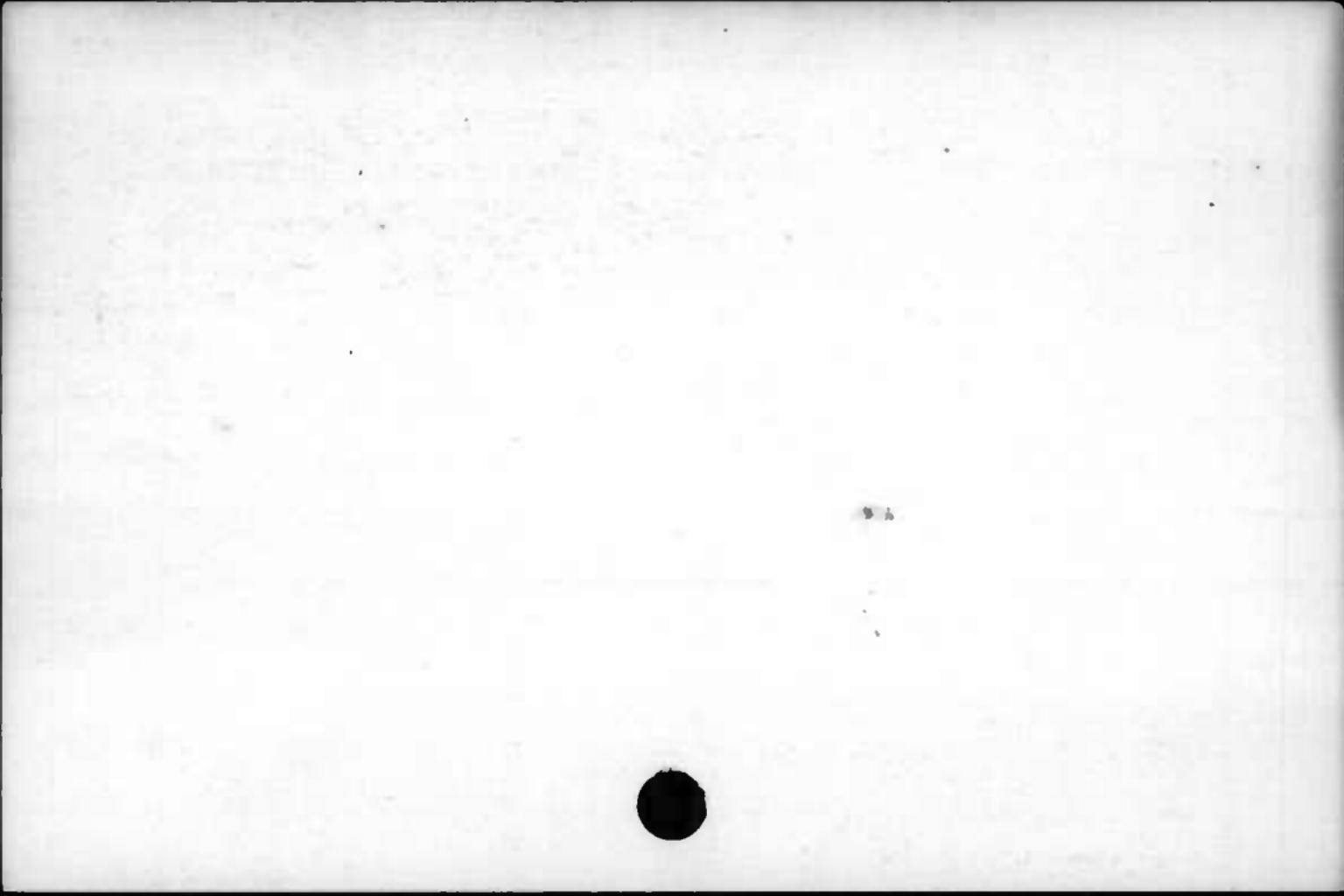
Signature of Physician

None in attendance

Address

Hos M. Wicksom
Sub Reg:

Accident or Suicide?



ame
in
Full

CERTIFICATE OF DEATH

Henretta - Butler

Died at <u>Baltimore</u>		Town	County <u>Charles</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>April</u>	Day <u>2</u>	Age <u>90</u>	Years	Months	Days
Sex <u>female</u>	Color or Race <u>colored</u>			Birth-place <u>Charles Co.</u>		
Occupation <u>none</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Alexius Butler</u>					
Father's Name <u>— Wallace</u>				Father's Birthplace		
Mother's Maiden Name <u>Henretta</u>				Mother's Birthplace		
Name of person giving information				How related to deceased		

(19)

CAUSES OF DEATH

Primary	<u>Valvular disease of Heart</u>	How long
Immediate	<u>+ general debility due to old age</u>	How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Thos. S. Owen M.D.

Address

La PlataMd

Accident or Suicide?

Reportedly
W. F. Brown
Sub. Reg

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

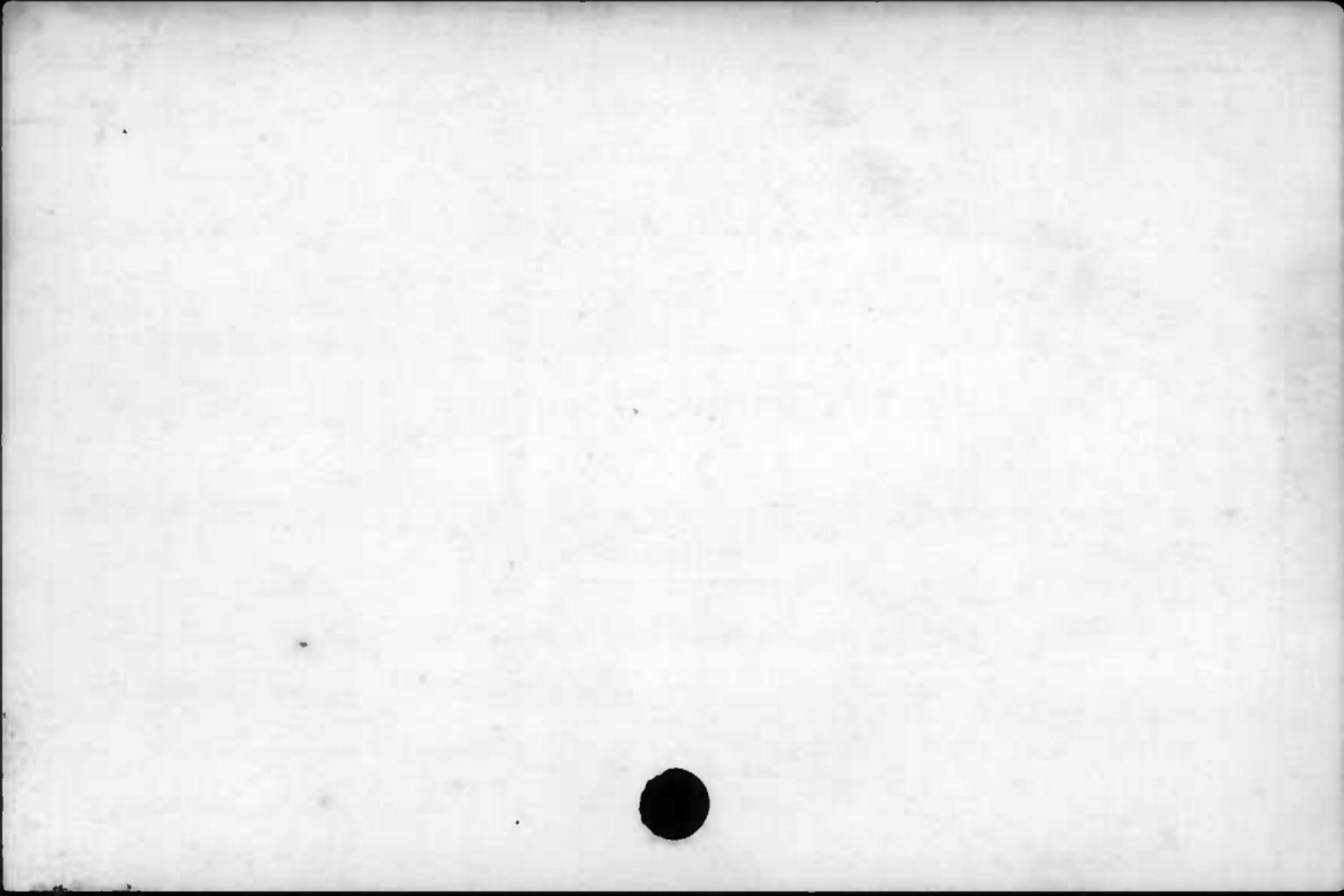
Dalecaria Ford

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Blac	Birth-place	Md	
Occupation				Where Residing if not at place of death	Md	
Married, Single or Widowed	Name of Wife or Husband		Rose Woodward			
Father's Name	Sam Ford			Father's Birthplace	Md	
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information	Edward D. Ford			How related to deceased	Son	

CAUSES OF DEATH

Primary	Apoply	(H)	How long	1 da.
Immediate	General Paralysis		How long	immediate
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	H.G. Chappelow M.D.
			Address	Highland Md
Accident or Suicide?				



Name
in
Full

Grace Ann Frederick

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	69	"	"
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Richard Frederick			
Father's Name	Widow	Richard Frederick			
Mother's Maiden Name	Known	Richard Frederick			
Name of person giving information	Known	Richard Frederick			
	Oscar Frederick	Richard Frederick			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Atherosclerosis degeneration

How long

Immediate

Aspirin

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. Stranahan
Bel Air Ave
Dept

Accident or Suicide?



Name
in
Full

Sarah Ann Jenkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Thomas J. Jenkins	
Father's Name	James Wilson	Father's Birthplace	
Mother's Maiden Name	Sarah Coffer	Mother's Birthplace	Chas. Co.
Name of person giving information	Joss. Eug. Jackson	How related to deceased	Son-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Edema (95) How long 5 Weeks.
Immediate Gas. motor paralyse How long 24 hours.

Are the name, age, sex, color, date and place correctly given above?

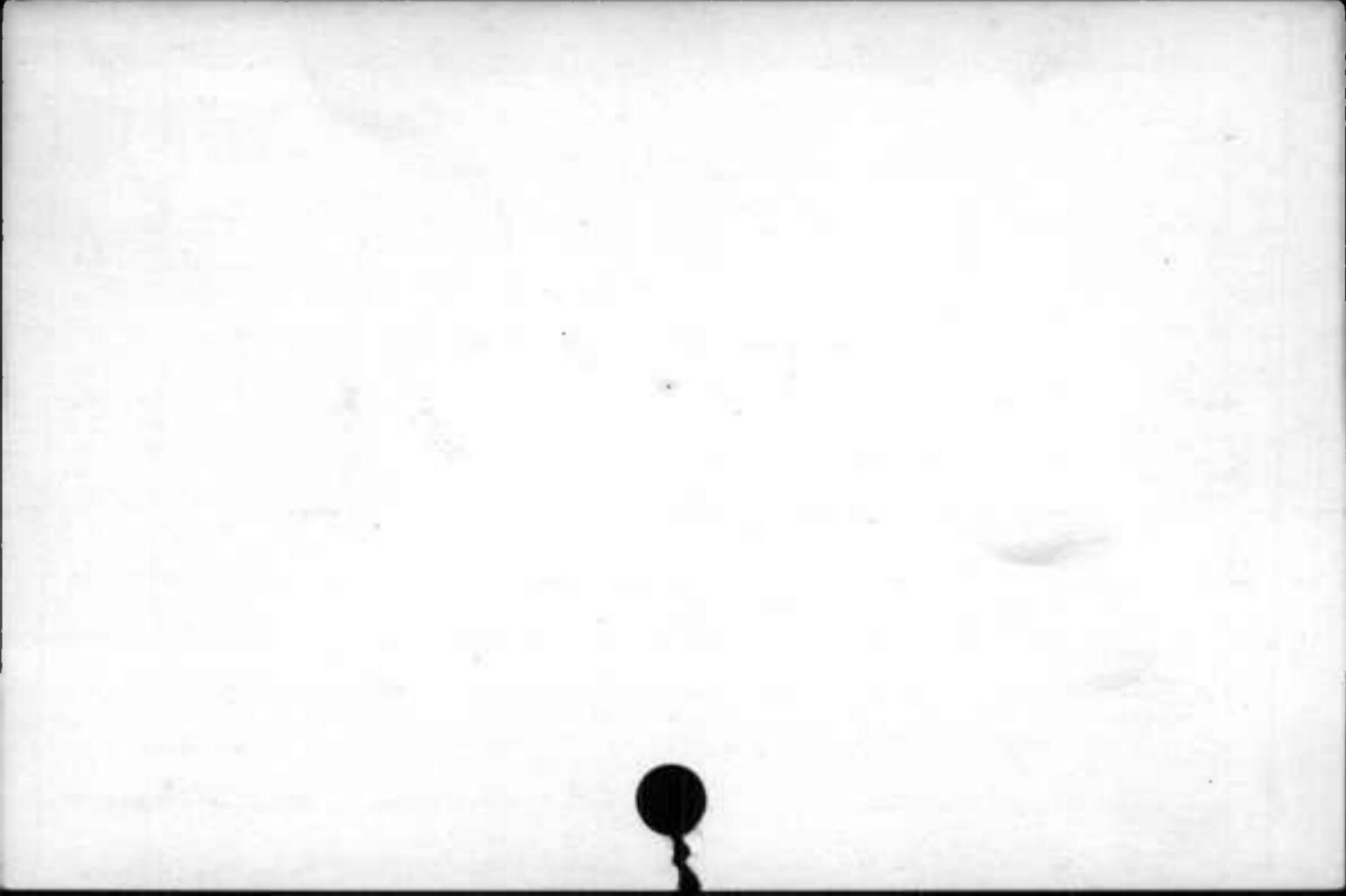
yes

Signature of Physician

Address

Spencer
Bel Altar
Charles Co Md

Accident or Suicide?



Name
in
Full

Sallie Johnson

4/8/11

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Near Bryantown		County	Charles Co.	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	87-	
Occupation	House		Where Residing if not at place of death	near Bryantown	
Married, Single or Widowed	widow	Name of Wife or Husband	Alexander Johnson deceased		
Father's Name	Andrew Davis		Father's Birthplace	Chas. Co.	
Mother's Maiden Name	dont know		Mother's Birthplace	Chas. Co.	
Name of person giving information	Joseph Johnson her son		How related to deceased	her son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age

151

How long

=

How long

from old age

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Informant

Address

Jos. Johnson son of deceased

Bryantown, Md.

Accident or Suicide?

Old age

F.L. dune -

Name
in
Full

Maggie Mingleton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Female	Color or Race	African	Birth-place Charles Co.
Occupation	Servant	Where Residing if not at place of death		
Married, Single or Widowed	—	Name of Wife or Husband	—	
Father's Name	Frank Mingleton		Father's Birthplace	Charles Co
Mother's Maiden Name	Emilia Barnum		Mother's Birthplace	Charles Co
Name of person giving information	John T. Barnum		How related to deceased	Brother-in-law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

Typhoid Fever

How long

3 weeks

Immediate

Toxæmia

How long

Are the name, age, sex, color, date and place correctly given above?

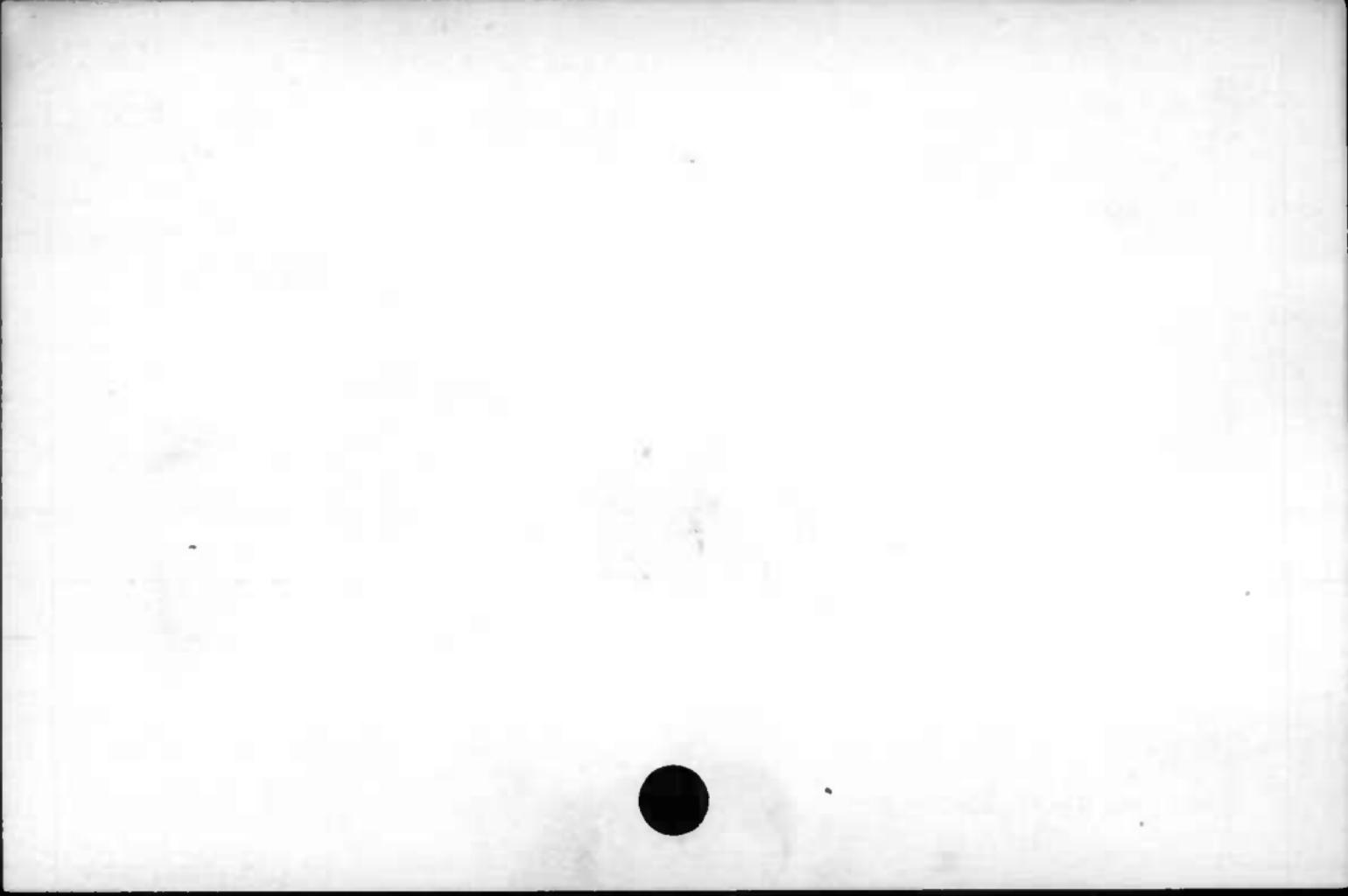
yes

Signature of Physician

Address

J. Hansen
Bel Aire
Md

Accident or Suicide?



Name
in
Full

Fred Montgomery

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>near Pisgah</u>		<u>Town</u>	<u>Charles</u>	<u>County</u>	<u>MARYLAND</u>	
Date of death	<u>1906</u>	Month <u>April</u>	Day <u>24</u>	Years <u>33</u>	Months <u>-</u>	Days <u>-</u>
Sex	<u>Male</u>	Color or Race	<u>Collard</u>		Birth-place	<u>Md</u>
Occupation	<u>Laborer</u>		Where Residing if not at place of death		<u>at Home</u>	
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>none</u>		Father's Birthplace	<u>Md</u>
Father's Name	<u>John Montgomery</u>				Mother's Birthplace	<u>Md</u>
Mother's Maiden Name	<u>Mary Marbury</u>				How related to deceased	<u>none</u>
Name of person giving information	<u>Jno. H. Turner</u>					
CAUSES OF DEATH						
Primary	<u>179</u>			How long		
Immediate				How long		

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

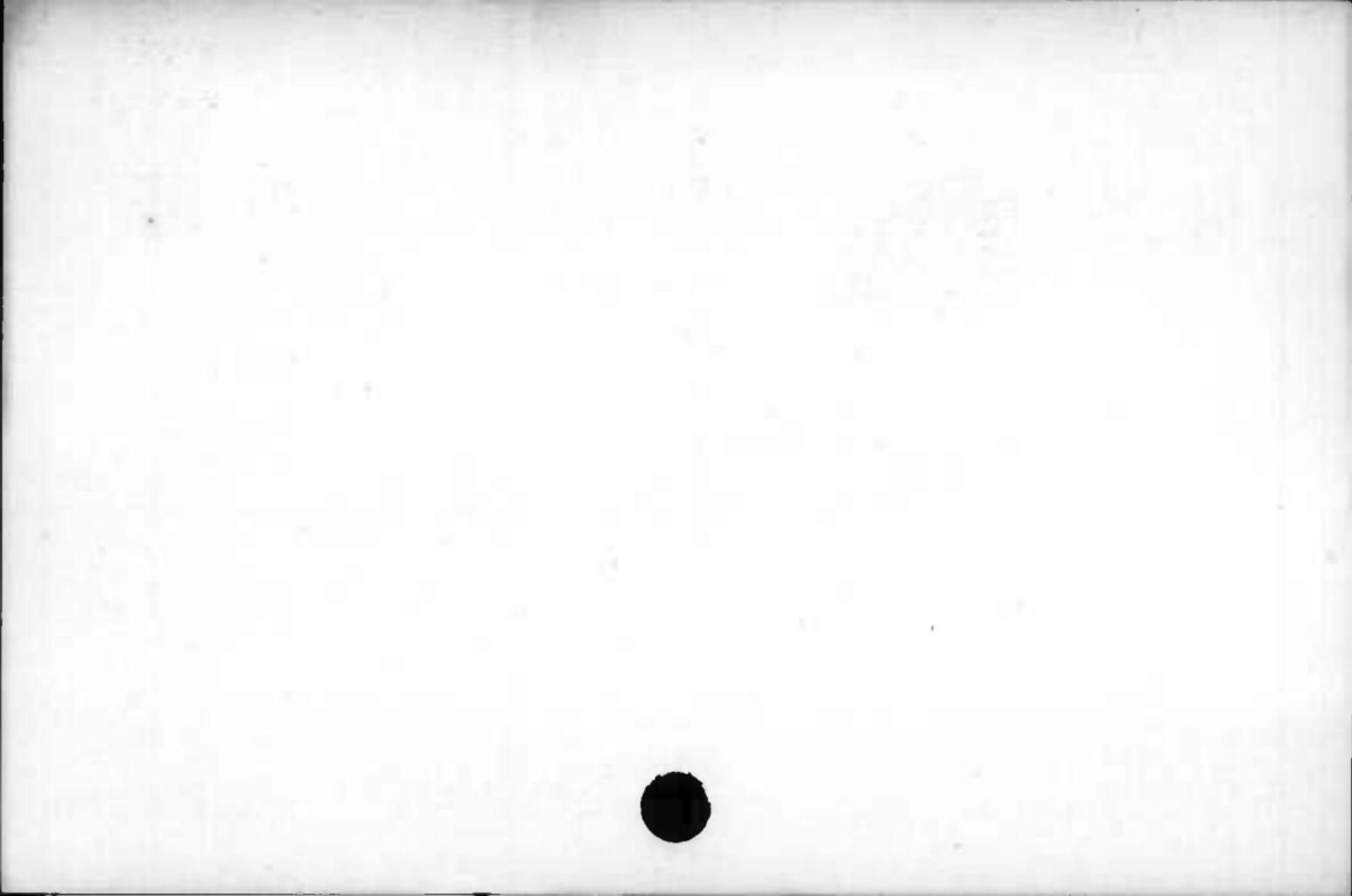
none in attendance6 D Carpenter

Address

Pisgah Md

Accident or Suicide?

Sub-Baptist 2nd distict



Name
in
Full

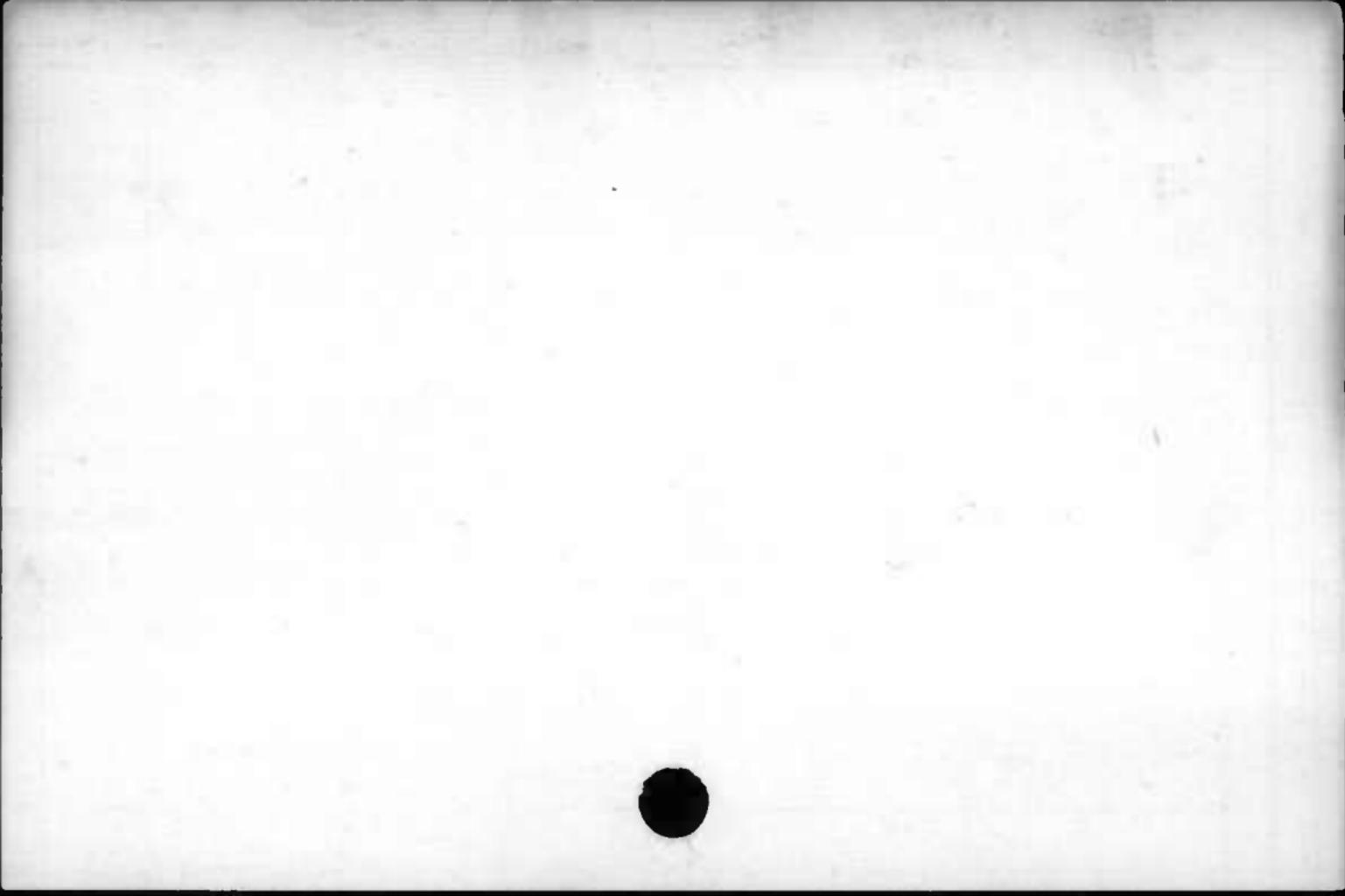
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Susannah A Nalley				CERTIFICATE OF DEATH		
Died at Bel Alton		Town	Charles	County	MARYLAND	
Date of death	1906	Month Apr.	Day 8	Years 74	Months	Days
Sex	Female	Color or Race	Caucasian	Birth-place	Cleantons Co	
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Hildom	Name of W ^{ife} or Husband	Alfred Nalley	Father's Birthplace	England	
Father's Name	John Sandall		Mary McCome	Mother's Birthplace	Scotland	
Mother's Maiden Name	Mary McCome		William Nalley	How related to deceased	Son	
Name of person giving information						

CAUSES OF DEATH

Primary	Hemiplegia	(6)	How long	3 months
Immediate	Paral. Resp. Muscles		How long	7 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Oppenard
			Address	Bel Alton
Accident or Suicide?				Nell



John Penny

Town

County

Died at

*Pooleys**Charles*

MARYLAND

Date *1906*

Male

Month Day

4 - 14

Y. M. D.

About 70th

Native of

Chas. Co. Md

Occupation

Plasterer

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Mary Swann

Mother's

Father's

Name

Name

Cause of

Primary

Bronchitis

How long sick

Death

Immediate

Exhaustion & heart failure

Accident, Suicide, Homicide

Reported by

Dr Geo T. Diggs

Address

Port Tobacco, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Wm Henry Queen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cedar Point Neck</u>				County <u>Charles</u>	MARYLAND		
Date of death <u>1906</u>	Month <u>4</u>	Day <u>1</u>	Years <u>110</u>	Age <u>110</u>	Months <u>-</u>	Days <u>-</u>	
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Charles Prince George's Co.</u>				
Occupation <u>Laborer</u>				Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>none</u>						
Father's Name <u>-</u>	<u>Queen</u>		Father's Birthplace <u>Prince George's Co.</u>				
Mother's Maiden Name <u>-</u>	<u>Unknown</u>		Mother's Birthplace <u>" "</u>				
Name of person giving Information <u>John H. Queen</u>					How related to deceased <u>Son</u>		

CAUSES OF DEATH

Primary Dropsy & Old Age (111) How long all winter

How long

How long

PHYSICIAN
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

X

Signature of Physician

None

Address

W F Brownlee
Zion Rd

Accident or Suicide?

Reported by
W F Browne
Dist Rep

Name
in
Full

Andrew Jackson Smart-

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Crookery	Charles			
Date of death	Month	Day	Years	Months	Days
1906	4	11	77	9	4
Sex	Color or Race	Where Residing if not at place of death			
Male	White	Ches. Co., Md.			
Occupation					
Physician					
Married, Single or Widowed	Name of Wife or Husband				
Widow					
Father's Name					
John Warren Smart -					
Mother's Maiden Name					
Elizabeth E. A. Hawking					
Name of person giving information					
Amelia T. Smart	(54) Daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inflammation of advanced age	How long	9 weeks
Immediate	Heart-compliencies	How long	" "

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

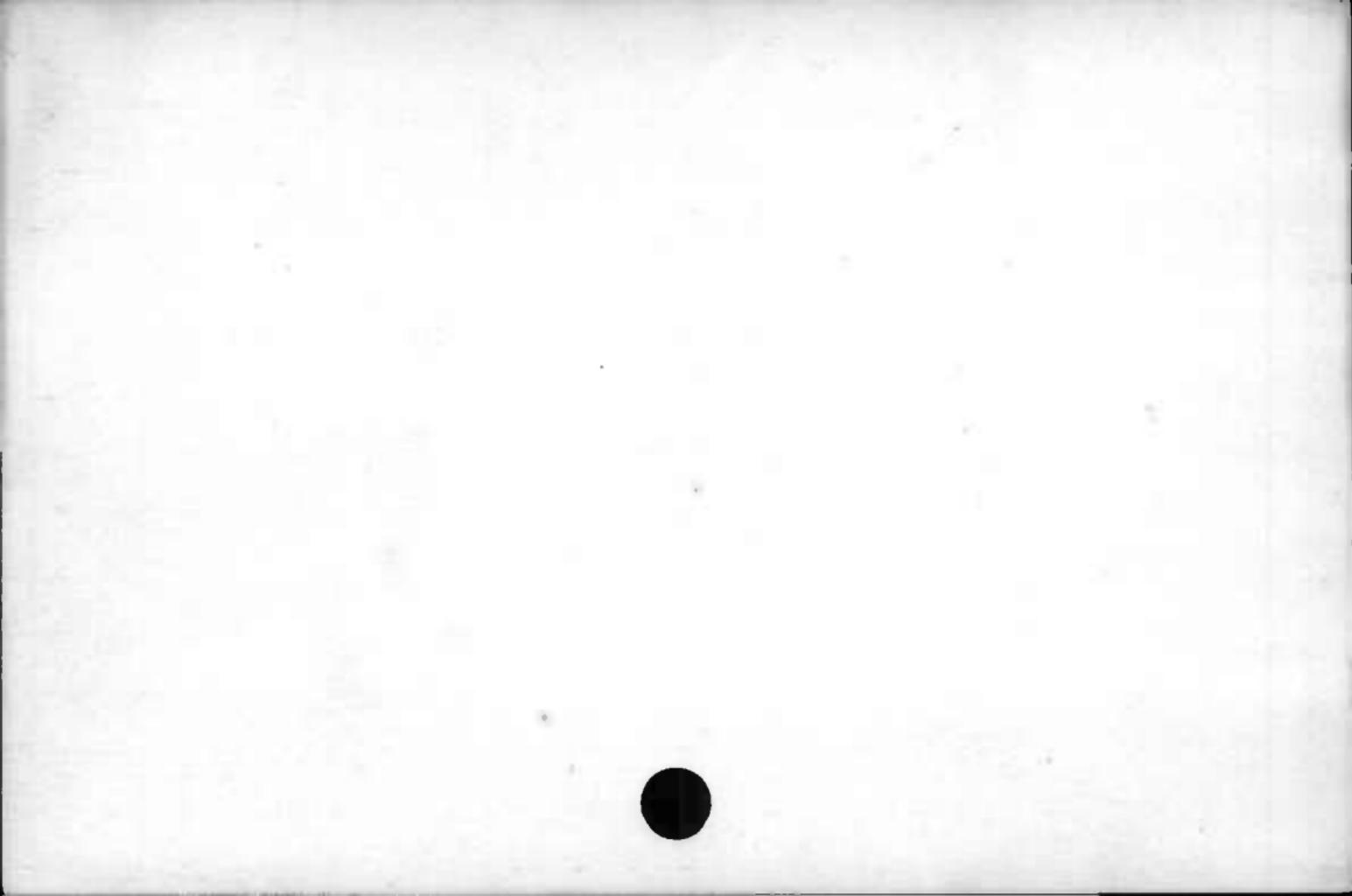
E. L. Rigdon,

Mayoiste

Ind.

Address

Accident or Suicide?



Name
in
Full

Hazel Edna Wheeler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chesakamuxen</u>		Town	County <u>Charles</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>April</u>	Day <u>15-</u>	Age	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place	<u>Charles Co Md</u>		
Occupation	Where Residing if not at place of death <u>Chesakamuxen</u>					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>J Wesley Wheeler</u>					
Mother's Maiden Name	<u>Rosa Groves</u>					
Name of person giving information	<u>William H Wheeler</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

pneumonia

93

How long

2 week

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr Benf Smith

Address

Downsides Chas Md

Per M Clements Sub Ryst

Accident or Suicide?

